

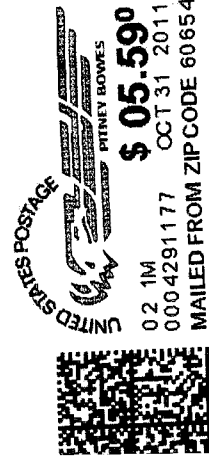
CERTIFIED MAIL™

City of Chicago



Independent Police Review Authority
10 West 35th Street – 12th Floor
Chicago, Illinois 60616

Demander



NIXIE 606 DE 1 00 11/26/11

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

6062981216
60616@9717

PS Form 3800, June 2002

See Reverse for Instructions

Street, Apt. No.,
or PO Box No.
City, State, ZIP+

Sent To

Postage \$
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees \$

Postmark
Here

100493321049332

For delivery information visit our website at www.usps.com

U.S. Postal Service™ RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)

102595-02-M-1540

Domestic Return Receipt

PS Form 3811, February 2004

2. Article Number
(Transfer from service label)

1. Article Addressed to:

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

A. Signature	
X	
B. Received by (Printed Name)	
C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, enter delivery address below:	
3. Service Type	
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No	

106#1049332

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CPD 0019048